

The Quality Measures and An Overview of the Five-Star Quality Rating System

Harmony Healthcare International (HHI)

Presented by:

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Program Content

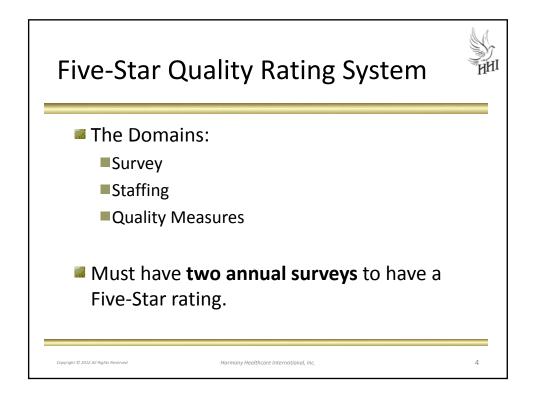


- Provide an overview of the Five Star Quality Rating System
- Review the Quality Measures (QMs)
- Discuss the basic QM calculation and the risk adjustments used in the QMs
- Explain how each QM is calculated
- Identify key strategies to ensuring accuracy of the QMs and positively impacting the facility's Five-Star Quality Rating

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According to CMS...



- 5-star rating = "much above average"
- 4-star rating = "above average"
- 3-star rating = "about average"
- 2-star rating = "below average"
- 1-star rating = "much below average"

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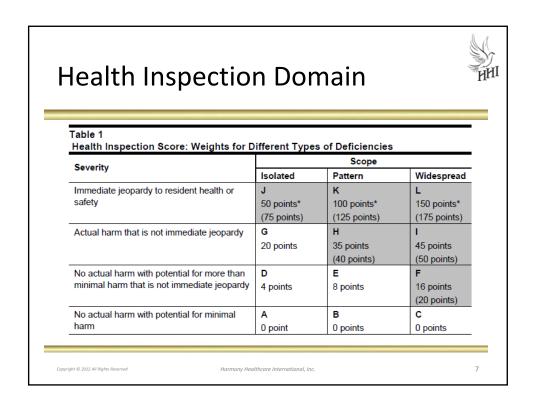
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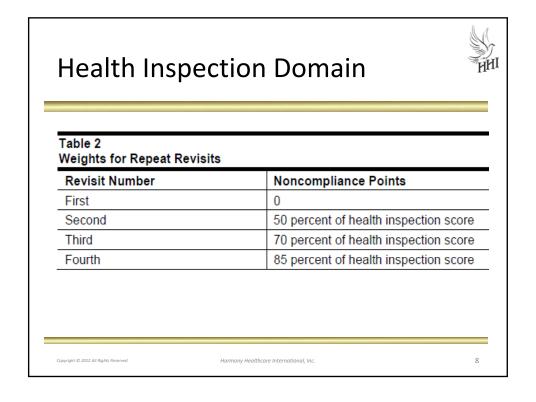
Health Inspection Domain

- Includes points for deficiencies from standard survey, repeat visits and complaint surveys.
- More recent survey activity is more heavily weighted.

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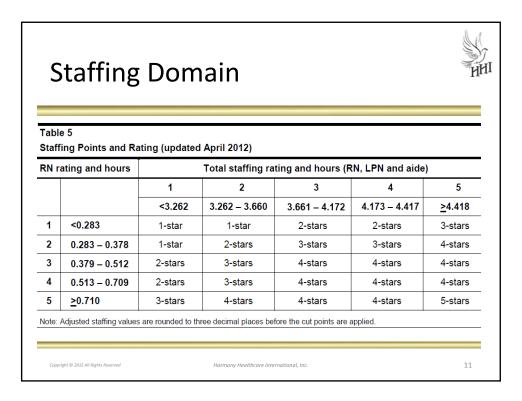
Health Inspection Domain Assigning stars: Top 10 percent = 5-Star Middle 70 percent = 2, 3 and 4-Star (23.33% each) Bottom 20 percent = 1-Star

Staffing Domain ■ The rating for staffing is based on two casemix adjusted measures:

- ■Total nursing hours per resident day (RN + LPN + nurse aide hours)
- ■RN hours per resident day

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Quality Measure Domain



- Short-Stay
 - Percent of Residents Who Had Moderate to Severe Pain
 - Percent of Residents With Pressure Ulcers That are New or Worsened

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Quality Measure Domain



- Long –Stay:
 - Percent of Residents Experiencing One or More Falls with Major Injury
 - Percent of Residents Who Have Moderate to Severe Pain
 - Percent of High-Risk Residents with Pressure Sores

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Quality Measure Domain



- Long-Stay
 - ■Percent of Residents with a UTI
 - Residents Who Have/Had a Catheter Inserted and Left in Their Bladder
 - Percent of Residents Who Were Physically Restrained
 - Percent of Residents Whose Need for Help with Daily Activities Has Increased

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Quality Measure Domain



- For each measure, 1 to 100 points are assigned based on facility performance
- Facilities achieving the best possible score on the QM are assigned 100 points
- Remaining facilities are assigned 1 to 99 points
- The points are summed across all QMs to create a total score for each facility
- Total possible score ranges from 9 to 900 points

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The Overall Quality Rating



- Start with Health Inspections
- Add one star for 4 or 5-Star Staffing but only if greater than survey
- Subtract one star for 1-Star Staffing
- Add one star for 5-Star QMs
- Subtract one star for 1-Star QMs

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The Overall Quality Rating If Health Inspection is 1-Star, Overall Quality Rating cannot be moved up more than one star If facility is a SFF, maximum rating is 3-Star Current 2 2022 AN Ropha Reserved Harmony Healthcare International, Inc. 17



The QMs: Background



- Initially, CMS posted 17 draft measures which were expanded to a total of 29 QMs
- 16 of the draft QMs focus on influenza and pneumococcal vaccinations
- The final QMs include different sets for public reporting and for survey use.
 - ■Survey use 16 measures
 - ■Public reporting 28 measures

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Survey Use of QMs



- For traditional survey, the QM reports will became available to surveyors in April 2012.
- Off-site review of the measures will resume prior to survey (as it previously had been conducted with the MDS 2.0 QM/QIs).

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Per CMS, the QMs are:



- Valid and reliable
- Not benchmarks, thresholds, guidelines, or standards of care
- Based on care provided to the population of residents in a facility, not to any individual resident
- Not appropriate for use in a litigation action

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Quality Measures: The Basic Calculation



- QMs begin as a simple fraction (or ratio):
 - ■Numerator: all residents that trigger
 - **Denominator**: all residents of the facility minus exclusions
- Risk adjustment then refines raw QM scores to better reflect the status of residents in the facility.

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Risk Adjustments: Exclusions



- Most measures use at least one exclusion.
- The prevalence of an outcome after exclusions is the **facility-level observed score**.

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Risk Adjustments: Covariates



- First, resident-level expected QM score is determined.
- These are averaged to determine a facility-level expected QM score.
- This is combined with the facility-level observed QM score to result in the facility-level adjusted QM score.

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Risk Adjustments: Covariates



- Only three of the QMs are adjusted using resident level covariates for public reporting:
 - Percent of Residents With Pressure Ulcers That Are New or Worsened (Short Stay)
 - Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay)
 - Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)

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Quality Measures Key Definitions and Key Concepts



- Prevalence vs. Incidence
- Minimum sample size for public reporting
- Uses of and key differences between the:
 - ■Quality Measures (QMs)
 - QMs that are publicly-reported
 - •QMs for survey Use
 - Quality of Care and Life Indicators (QCLIs)

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Definition: Target Period



The span of time that defines the QM reporting period (e.g., a calendar quarter).

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Definition: Stay



- The period of time between a resident's entry into a facility and either (a) a discharge, or (b) the end of the target period, whichever comes first.
- A stay is also defined as a set of contiguous days in a facility.

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Definition: Episode



- A period of time spanning one or more stays.
- An episode begins with an admission and ends with either a discharge, or the end of the target period, whichever comes first.
- An episode starts with an admission entry

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Definition: Episode



- The earliest of following ends an episode:
 - ■A discharge assessment with return not anticipated; **or**
 - A discharge assessment with return anticipated but the resident did not return within 30 days of discharge; or
 - A death in facility tracking record or
 - ■The end of the target period.

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Definition: Admission



- An admission occurs when the resident has:
 - Never been admitted to this facility before;
 or
 - Been in this facility previously and was discharged return not anticipated; or
 - Been in this facility previously and was discharged return anticipated and did not return within 30 days of discharge.

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Definition: Reentry



- A reentry occurs when the resident has:
 - Been discharged return anticipated, and
 - Returned to the facility within 30 days of discharge.

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Cumulative Days in Facility (CDIF)



- The total number of days within an episode during which the resident was in the facility.
- The sum of the number of days within each stay included in an episode.
- If an episode consists of more than one stay separated by time outside the facility (e.g., hospitalizations), only those days within the facility would count towards CDIF.

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Long-Stay vs. Short-Stay



- Short-stay: An episode with CDIF less than or equal to 100 days as of the end of the target period.
- Long-stay: An episode with CDIF greater than or equal to 101 days as of the end of the target period.
- Special rules apply regarding 10/1/2010 transition from MDS 2.0 to MDS 3.0

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Target Date



- For an entry record, the target date is equal to the entry date (A1600).
- For a discharge record or death-in-facility record, the target date is equal to the discharge date (A2000).
- For all other records, the target date is equal to the assessment reference date (A2300).

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Target Assessment (Short Stay)



- Qualifying Reason for Assessment (RFA):
 - ■A0310A = [01, 02, 03, 04, 05, 06] or
 - ■A0310B = [01, 02, 03, 04, 05, 06] or
 - ■A0310F = [10, 11]
- Within the selected episode
- The target date is no more than 120 days before the end of the episode

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Initial Assessment (Short-Stay)



- First assessment following the admission entry record at the beginning of the resident's selected episode
- Qualifying Reason for Assessment (RFA):
 - A0310A = [01] or
 - ■A0310B = [01, 06] or
 - ■A0310F = [10, 11]

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Look-Back Scan (Short-Stay)



- Qualifying Reason for Assessment (RFA):
 - ■A0310A = [01, 02, 03, 04, 05, 06] or
 - ■A0310B = [01, 02, 03, 04, 05, 06] or
 - ■A0310F = [10, 11]
- Scan all assessments within the selected episode

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Target Assessment (Long-Stay)



- Qualifying Reason for Assessment (RFA):
 - ■A0310A = [01, 02, 03, 04, 05, 06] or
 - ■A0310B = [01, 02, 03, 04, 05, 06] or
 - ■A0310F = [10, 11]
- The target date is no more than 120 days before the end of the episode

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Prior Assessment (Long-Stay)



- Qualifying Reason for Assessment (RFA):
 - ■A0310A = [01, 02, 03, 04, 05, 06] or
 - ■A0310B = [01, 02, 03, 04, 05, 06] or
 - ■A0310F = [10, 11]
- Latest assessment that is 46 to 165 days before the target assessment.

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Look-Back Scan (Long-Stay)



- Qualifying Reason for Assessment (RFA):
 - \blacksquare A0310A = [01, 02, 03, 04, 05, 06] or
 - \blacksquare A0310B = [01, 02, 03, 04, 05, 06] or
 - ■A0310F = [10, 11]
- Scan all assessments within the selected episode with dates no more than 275 days prior to the target assessment

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Percent of Residents Who Self-Report Moderate to Severe Pain (Short-Stay)



Numerator:

- Short-stay residents with a target assessment that meets either or both of the following two conditions:
 - Condition #1: resident reports daily pain with at least one episode of moderate/severe pain
 - ■Condition #2: resident reports very severe/horrible pain of any frequency

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Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay)



Denominator:

All short-stay residents with a selected target assessment, except those with exclusions

Exclusions:

Missing/inconsistent data

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Percent of Residents with Pressure Ulcers That are New or Worsened (Short-Stay)



Numerator:

Short-stay residents for which a look-back scan indicates one or more new or worsening Stage 2-4 pressure ulcers

Denominator:

All residents with one or more assessments that are eligible for a look-back scan, except those with exclusions.

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Percent of Residents with Pressure Ulcers That are New or Worsened (Short-Stay)



Exclusions:

Missing/inconsistent data

Risk Adjustments:

- Resident-level covariate (based on the Initial Assessment)
 - Require limited or more assistance in bed
 - Have bowel incontinence at least occasionally
 - Diabetes or peripheral vascular disease
 - Low Body Mass Index (BMI between 12 -19)

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Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)

Numerator:

Short-stay residents assessed and appropriately given the flu vaccine (or who were offered and declined or were unable to receive due to contraindications)

Denominator:

Short-stay residents with a target MDS except those not in facility during the current or most recent flu season

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Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)



Further divided into three additional QMs:

- Percent of Residents Who Received the Seasonal Influenza Vaccine (Short-Stay)
- Percent of Residents Who Were Offered and Declined the Seasonal Influenza Vaccine (Short-Stay)
- Percent of Residents Who Did Not Receive,
 Due to Medical Contraindication, the Seasonal
 Influenza Vaccine (Short-Stay)

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Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)



Numerator:

Short-stay residents who were assessed and appropriately given the Pneumococcal vaccine (or who were offered and declined or were unable to receive due to contraindications)

Denominator:

■All short-stay residents with a target MDS

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Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Short -Stay)



Further divided into three additional QMs:

- Percent of Residents Who Received the Pneumococcal Vaccine (Short-Stay)
- Percent of Residents Who Were Offered and Declined the Pneumococcal Vaccine (Short-Stay)
- Percent of Residents Who Did Not Receive,
 Due to Medical Contraindication, the
 Pneumococcal Vaccine (Short-Stay)

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Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay)



Numerator:

Long-stay residents who experienced one or more falls that resulted in major injury on one or more assessments in the lookback scan

Denominator:

All long-stay residents with one or more assessments in the look-back scan

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Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay)



Exclusions:

Missing data in all of the look-back scan assessments

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Percent of Residents Who Self-Report Moderate to Severe Pain (Long-Stay)



Numerator:

■Long-stay residents who self report almost constant or frequent pain AND at least one episode of moderate to severe pain OR very severe/horrible pain of any frequency

Denominator:

All long stay residents who do not meet the exclusion criteria

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Percent of Residents Who Self-Report Moderate to Severe Pain (Long-Stay)



Exclusions:

- Admission, 5-Day or Medicare Return/Readmit MDS
- Missing/inconsistent data

Risk Adjustments:

Resident-level covariate based on daily decision making abilities on prior assessment

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Percent of High Risk Residents with Pressure Ulcers (Long-Stay)



Numerator:

Long-stay residents who were identified as high risk and who have one or more Stage 2-4 pressure ulcer(s)

Denominator:

Long-stay residents with a target assessment who were identified as high risk

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Percent of High Risk Residents with Pressure Ulcers (Long-Stay)



Exclusions:

- OBRA admission or a 5-day or Return/Readmission PPS MDS
- Missing data

Risk Adjustments (Any of the following = high risk):

- Comatose
- Impaired (extensive +) in bed mobility and/or transfer
- Malnutrition or at risk for malnutrition

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Percent of Residents Assessed and
Appropriately Given the Seasonal Influenzami
Vaccine (Long-Stay)

Numerator:

Long-stay residents assessed and appropriately given the flu vaccine (or who were offered and declined or were unable to receive due to contraindications)

Denominator:

Long-stay residents with a target assessment except those not in the facility during the annual influenza season

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Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long-Stay)

Further divided into three additional QMs:

- Percent of Residents Who Received the Seasonal Influenza Vaccine (Long-Stay)
- Percent of Residents Who Were Offered and Declined the Seasonal Influenza Vaccine (Long-Stay)
- Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine (Long-Stay)

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Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

Numerator:

Long-stay residents who were assessed and appropriately given the Pneumococcal Vaccine (or who were offered and declined or were unable to receive due to contraindications)

Denominator:

All long-stay residents with a target MDS

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Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

Further divided into three additional QMs:

en the Friedmococcar vaccine (Long Stay)

- Percent of Residents Who Received the Pneumococcal Vaccine (Long-Stay)
- Percent of Residents Who Were Offered and Declined the Pneumococcal Vaccine (Long-Stay)
- Percent of Residents Who Did Not Receive,
 Due to Medical Contraindication, the
 Pneumococcal Vaccine (Long-Stay)

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Percent of Residents with a Urinary Tract Infection (Long-Stay)



Numerator:

Long-stay residents with a UTI in the last 30 days

Denominator:

All long-stay residents except exclusions

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Percent of Residents with a Urinary Tract Infection (Long-Stay)



Exclusions:

- OBRA Admission or PPS 5-Day or Return/Readmission assessments
- Missing data

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Percent of Low Risk Residents Who Lose Control of their Bowels or Bladder (Long-Stay)



Numerator:

Long-stay residents who are frequently or always incontinent of bowel or bladder and determined to be low risk

Denominator:

Long-stay residents except exclusions

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Percent of Low Risk Residents Who Lose Control of their Bowels or Bladder (Long-Stay)



Exclusions:

- OBRA Admission, 5-day or Return/Readmission MDS
- Missing data
- High risk residents
- Comatose
- Indwelling catheter
- Ostomy

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Percent of Low Risk Residents Who Lose Control of their Bowels or Bladder (Long-Stay)



Risk Adjustments:

- Residents considered to be high risk and therefore not included:
 - Severe cognitive impairment on the target assessment
 - ■Totally dependent in bed mobility, transfer or locomotion on unit on the target assessment

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Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long-Stay)



Numerator:

Long-stay residents with an indwelling catheter on the target assessment

Denominator:

Long-stay residents except exclusions

Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long-Stay)



Exclusions:

- Missing data
- OBRA Admission, 5-day or Return/Readmission MDS
- Neurogenic bladder or obstructive uropathy

Risk Adjustments:

- Resident-level Covariate
 - Frequent bowel incontinence on **prior assessment**
 - Pressure ulcer (Stage 2, 3 or 4) on **prior** assessment

Percent of Residents Who Were Physically Restrained (Long-Stay)



Numerator:

Long-stay residents with a trunk or limb restraint or a chair that prevents on the target assessment

Denominator:

All residents with a target assessment, except those with exclusions

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Percent of Residents Who Were Physically Restrained (Long-Stay)



Exclusions:

Missing data

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Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long-Stay)

Numerator:

Long-stay residents with an increase in lateloss ADL scoring of two or more points between the prior assessment and the target assessment

Denominator:

Long-stay residents with a target and prior assessment

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Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long-Stay)



Exclusions:

- Total dependence in all four late-loss ADL items or total in three of the four and extensive in the remaining late loss ADL
- Comatose
- End stage disease
- Hospice care
- Missing data

Risk Adjustments:

None

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Percent of Residents Who Lose Too Much Weight (Long-Stay)



Numerator:

■ Long-stay nursing home residents with a selected target assessment which indicates a weight loss of 5% or more in the last month or 10% or more in the last 6 months who were not on a physician prescribed weight-loss regimen

Denominator:

 Long-stay nursing home residents with a selected target assessment except those with exclusions

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Percent of Residents Who Lose Too Much Weight (Long-Stay)



Exclusions:

- OBRA Admission, 5-day or Return/Readmission MDS
- Missing data

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Percent of Residents Who Have Depressive Symptoms (Long-Stay)



Numerator:

- Long-Stay residents with
 - A total severity score of 10 or greater on the PHQ-9 or PHQ-9OV AND
 - Either little interest or pleasure in doing things OR feeling down, depressed or hopeless half or more days

Denominator:

All residents except exclusions

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Percent of Residents Who Have Depressive Symptoms (Long-Stay)



Exclusions:

- Missing data
- Comatose

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Surveyor Quality Measures Short-Stay Measures



- Self-Reported
 Moderate/Severe Pain
- New/Worsened Pressure Ulcers

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Surveyor Quality Measures Long-Stay Measures



- Self-Reported Moderate/Severe Pain
- High-Risk Residents with Pressure Ulcers
- Physical Restraints
- Falls
- Falls with Major Injury
- Psychoactive Medication Use in Absence of Psychotic or Related Condition
- Antianxiety/Hypnotic Medication Use

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Surveyor Quality Measures Long-Stay Measures



- Behavior Symptoms Affecting Others
- Depressive Symptoms
- Urinary Tract Infection
- Catheter Inserted and Left in Bladder
- Low-Risk Residents Who Lose Bowel/Bladder Control
- Excessive Weight Loss
- Need for Help with ADLs Has Increased

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Surveyor Quality Measures



- The following four QMs are not included for public reporting but are used by the surveyors.
- All of these topics were Quality Indicators in the MDS 2.0-based QM/QIs.
- They are all long-stay measures.

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Prevalence of Falls



Numerator:

Long-stay residents with one or more look-back assessments that a fall

Denominator:

All long-stay nursing home residents with one or more look-back scan assessments except those with exclusions

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Prevalence of Falls



Exclusions:

Missing data on all assessments in the look-back scan

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Prevalence of Psychoactive Medication Use in Absence of Psychotic or Related Condition

Numerator:

Long-stay residents with a selected target assessment where antipsychotic medications were received

Denominator:

All long-stay residents except exclusions

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Prevalence of Psychoactive Medication Use in Absence of Psychotic or Related Condition



Exclusions:

- Missing data
- Any of the conditions listed on the following slide are present on the target assessment (unless otherwise indicated)

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Prevalence of Psychoactive Medication Use in Absence of Psychotic or Related Condition

- Schizophrenia
- Psychotic disorder
- Manic depression
- Tourette's Syndrome (on target or prior assessment)
- Huntington's Disease
- Hallucinations
- Delusions

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Prevalence of Antianxiety/ Hypnotic Use



Numerator:

Long-stay residents with a selected target assessment where anti-anxiety and/or hypnotic medications were received

Denominator:

All long-stay residents with a selected target assessment, except those with exclusions

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Prevalence of Antianxiety/ Hypnotic Use



Exclusions:

- Missing data
- Any of the conditions listed on the following slides are present on the target assessment (unless otherwise indicated)

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Prevalence of Antianxiety/ Hypnotic Use



- Schizophrenia
- Psychotic disorder
- Manic depression
- Tourette's Syndrome (on target or prior assessment)
- Huntington's Disease

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Prevalence of Antianxiety/ Hypnotic Use



- Hallucinations
- Delusions
- Post traumatic Stress Disorder (on target or prior assessment)

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Prevalence of Behavior Symptoms Affecting Others



Numerator:

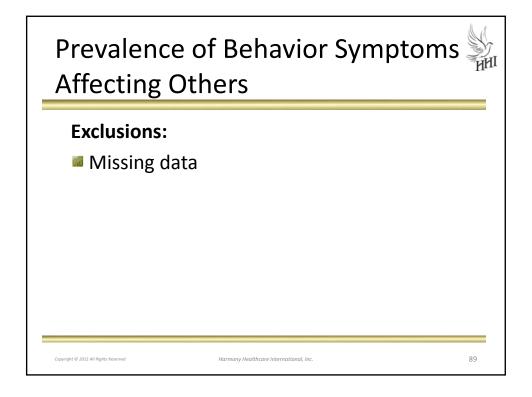
Long-stay residents with a selected target assessment with the presence of physical, verbal or other behavioral symptoms directed towards others, rejection of care or wandering

Denominator:

All long-stay residents, except exclusions

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Measures for the 2012 CMS Antipsychotic Initiative



- Percent of Residents Who Received an Antipsychotic Medication (Long-stay)
- Percent of Residents Who Newly Received an Antipsychotic Medication (Short-stay)

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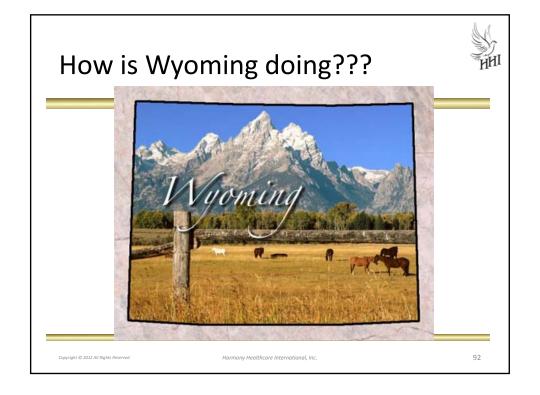
Measures for the 2012 CMS Antipsychotic Initiative

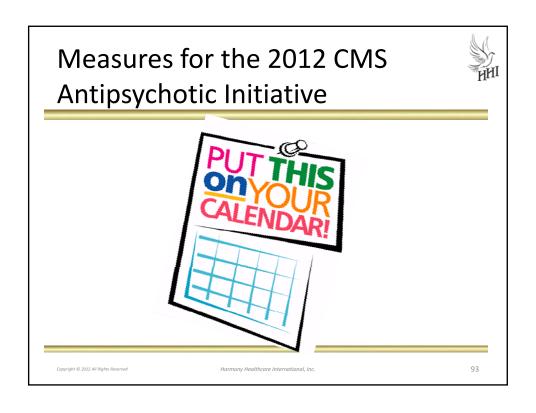


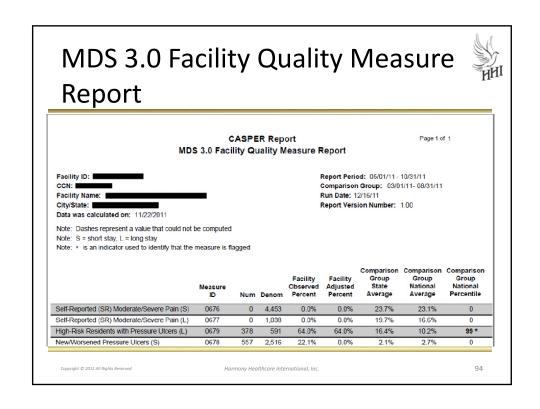
- Description of Antipsychotic Medication Quality Measures on Nursing Home Compare
- http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/Do wnloads/AntipsychoticMedicationQM.pdf

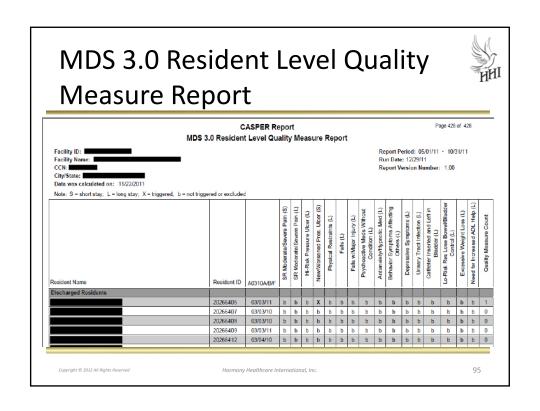
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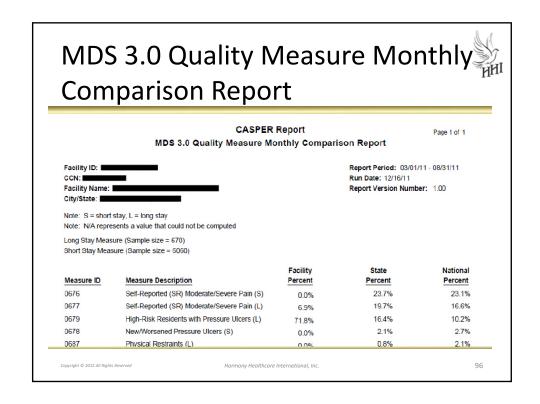
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Differences in Facility Level and Publicly Reported QMs



- Different measures
- Timing
- Reporting periods
- Averaging across quarters
- Risk adjustment

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A Few Final Thoughts....



- Audit, audit, audit for MDS accuracy!
- Risk adjustments often come from prior or initial assessments.
- Long Stay vs. Short Stay
- By the time the QMs are posted it is old news!
- The first step to using these calculations in QAA is verifying the data!
- Consider unit to unit results.

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